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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21898**

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No. _____

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1727 Pearl**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **65 years** (Specify whether years, months or days)
In this community **65 years**

3. (c) PRINT FULL NAME **Martha Jane Coonrod**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex **Female** 5. Color or race **Wh** 6. (e) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **July 11, 1856**
(Month) (Day) (Year)

8. AGE: Years **84** Months **11** Days **3** If less than one day _____ hr. _____ min.

9. Birthplace **Lewisburg Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Robert H. Hodshier**
13. Birthplace **Indiana** (State or foreign country)
14. Maiden name **Poley McPheeters**
15. Birthplace **Poley McPh. Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elva C. Palmer**
(b) Address **Joplin, Missouri**

17. (a) **Burial** (b) Date thereof **6-17-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Cemetery**

18. (a) Signature of funeral director **Lanpher Mortuary**
(b) Address **Joplin, Missouri**

19. (a) **6-16-41** (b) **Ed E. Palmer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper**
Joplin
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. **1727 Pearl Avenue** (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **14th**
year **1941** hour **2** minute **P** M.

21. I hereby certify that I attended the deceased from **May 22** 19**41** to **June 12** 19**41**
that I last saw her alive on **June 12** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis - chr. 10-2 yrs.** Duration _____

Due to **Senility**
Due to _____

Other conditions (Include pregnancy within 3 months of death) **12 H**

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **NO**
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **NO**

372 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Ed E. Palmer** (M. D. or other) **MD**
Address **Joplin Mo.** Date signed **6-16-41**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

41-7-608

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.